CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink. RECEIVED) Submit completed form to: DCCA - P&VLD Real Estate Commission REAL ESTATE BRANCH 335 Merchant Street, Room 333 Honolulu, HI 96813 # 1075 Kanaloa at Kona Name of Condominium Association: The information provided on this form is current as of and replaces the information previously provided to the Real Estate Commission ("Commission"). DEPT OF COMMERCE & CONSUMER AFFAIR Please indicate the change being reported: STATE OF HAWAIL M. Names and positions of the officers of the association (President, Secretary and Treasurer required): **★**] Designated officer of the association who can be contacted directly: Officer's Public Mailing Address: [] Management status: (Check ONE only and fill in corresponding information) [] Self-managed by the Association of Apartment Owners (AOAO) Name of manager: Title: Telephone No.: Managed by Condominium Managing Agent Contact Person: CTèlephone No. PAContact designation (individual) to receive all AOAO correspondence (except bulletins) and telephone calls from the Commission: (if different from above) who Aw Telephone No.: 926 Honolulu, HI 96815 I certify that I am authorized to sign this form on behalf of this condominium association, and that the information provided is true and correct. gnature of association officer, developer or 100% sole owner of condominium project 28.2010 Check one only: [] President [] Vice-President [] Secretary [] Treasurer

Developer or Developer's Agent registering for unorganized association

[] 100% Sole Owner of Condominium Project